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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			
	ASCIMENTO ONLINE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	[Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	RYAN NASCIMENTO		
		Name of Person	
	RYAN NASCIMENTO O	NLINE LLC	
		Firm/Company	
	6151 NW 44TH LN		,
		Address	<u> </u>
	COCONUT CREEK, FL 3	33073	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please ea	all:	
ISSA FAWAZ		313 3046344	
Name (of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	rtion
Division of C	Corporations	Division of Corp	porations
P.O. Box 632	27	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RYAN NASCIMENTO ONLINE LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 10/18/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>.</u>
(Principal office address MUST BE A STREET ADDI	RESS)	·
		• •
Enter new mailing address, if applicable:		··
(Mailing address MAY BE A POST OFFICE BOX)		೦
B. If amending the registered agent and/or registere	od office address on our records, anter th	a name of the new regist
agent and/or the new registered office address here:	d office address on our records, enter th	e name of the new jegiso
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flori	da
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RYAN NASCIMENTO	6151 NW 44TH LN	
		COCONUT CREEK, FL 33073	□Remove
			= Change
	 		□ Add
		 	Remove
			-
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			□Change

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Tective date, if other than the date is listed, the date must bute: If the date inserted in this blocument's effective date on the Dep	e specific and cannot be pri k does not meet the appl	icable statutory filing	(option: ore than 90 days after fil g require: this d	ng.) Pursuant to 605.020
ecord specifies a delayed effective of is filed.	late, but not an effective	time, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after the
NOVEMBER 8	2023	·		
/s/ Ryan Nascii				
•				

Filing Fee: \$25.00